MEDDIC-MS SSI 2005 Data Book

Medicaid Encounter Data Driven Improvement Core Measure Set for SSI Managed Care

Quality Assessment and Performance Improvement

Wisconsin Independent Care (*i*Care) Program

Data does not include SSI program expansion HMOs

State of Wisconsin
Department of Health and Family Services
Division of Health Care Financing, Bureau of Managed Health Care Programs

September 2006

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Medicaid Encounter Data Driven Improvement Core Measure Set for SSI Managed Care-iCare

Quality Assessment and Performance Improvement

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MEDDIC-MS SSI 2005 Data Book, Wisconsin Independent Care(iCare)Program, State of Wisconsin, Department of Health and Family Services, September 2006.

Introduction and Background

Independent Care (*i*Care) is a managed care program operated by a private organization under a contract with the Wisconsin Department of Health and Family Services (DHFS). *i*Care serves enrollees with disabilities eligible for supplemental security income (SSI).

MEDDIC-MS SSI, the Medicaid Encounter Data Driven Improvement Core Measure Set for SSI is an automated quality performance measure system specifically designed for SSI managed care. It consists of *Targeted Performance Improvement Measures* (TPIM), which focus on high priority areas identified by stakeholders and *monitoring measures* for utilization and outcomes. Goal-setting system applies to the TPIMs.

This Data Book presents the results on the measures based on services provided by iCare in calendar year 2005 with data for trending from previous years.

The Agency for Healthcare Research and Quality (AHRQ) recognized MEDDIC-MS SSI for inclusion in the National Quality Measures Clearinghouse (NQMC®). To view the measure summaries on the NQMC, go to: http://www.qualitymeasures.ahrq.gov/browse/measureindex.aspx and scroll down to "State of Wisconsin."

MEDDIC-MS and MEDDIC-MS SSI performance measures have been approved for health plan accreditation by URAC® (Utilization Review Accreditation Commission).

More information about the MEDDIC-MS SSI measures is available upon request. Contact: Gary R. Ilminen, RN at (608) 261-7839 or ILMINGR@DHFS.STATE.WI.US.

Other performance reports are available on the Wisconsin Medicaid Managed Care Website. To view those reports, please go to: http://www.dhfs.state.wi.us/medicaid7/providers/index.htm and scroll down to "Quality Reports."

Care Analysis Projects

The DHFS supports performance improvement with a program called Care Analysis Projects (CAP). Through CAP, enrollee-specific health care needs are identified and the data about those needs are shared with *i*Care. In this way, the DHFS supports quality improvement by facilitating outreach to individuals with special health care needs.

CAP focuses on several chronic conditions and on the provision of key preventive services. Chronic conditions included are congestive heart failure, asthma, and diabetes.

MEDDIC-MS SSI and CAP work together. CAP provides data-driven targeted intervention and MEDDIC-MS SSI allows accurate, automated performance assessment.

Performance Improvement Projects

*i*Care completes at least two performance improvement projects annually and reports about them to the DHFS. The projects encourage interventions for performance improvement on topics of importance to *i*Care enrollees.

Note on performance rates:
Some *i*Care enrollees are eligible for services under Medicare as well as the SSI program. As a result, some services may have been obtained under that program and may not be reflected in *i*Care encounter data. To prevent under-reporting of services provided by *i*Care, individuals eligible for Medicare have not been included in the denominators for measures reflecting services covered by Medicare. The narrative with each chart indicates which measures are affected.

For additional information on this report, contact:

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Results on Clinical Performance Measures

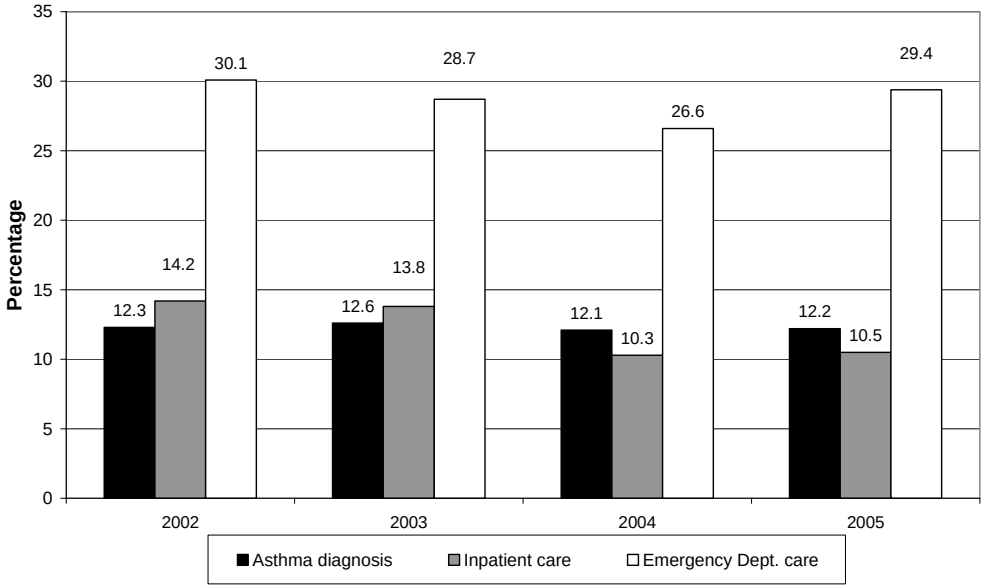
Asthma care

Monitoring measure

Data points—

- Prevalence--the percentage of enrollees with the diagnosis of asthma—has remained about the same. However, the prevalence of asthma in the SSI population is approximately double that in the general Medicaid/BadgerCare population.
- The rate of use of emergency department (ED) care had declined between 2002 and 2004, but increased slightly in 2005.
- Inpatient care has decreased since 2002. The results for 2002 include enrollees over age 21 years; after that, the results include enrollees over age 18 years.

Asthma prevalence, inpatient and emergency care



Asthma is a chronic disease of the lungs. Asthma causes episodes where airflow in and out of the lungs is reduced by constriction of the airways and by excess mucous. Asthma affects between 12 and 15 million Americans, including nearly 5 million children. The disease can have fatal complications.

Asthma can be managed with appropriate medications and patient education. Early diagnosis, patient/parent education and appropriate treatment are crucial to effective management and maintenance of good quality of life.

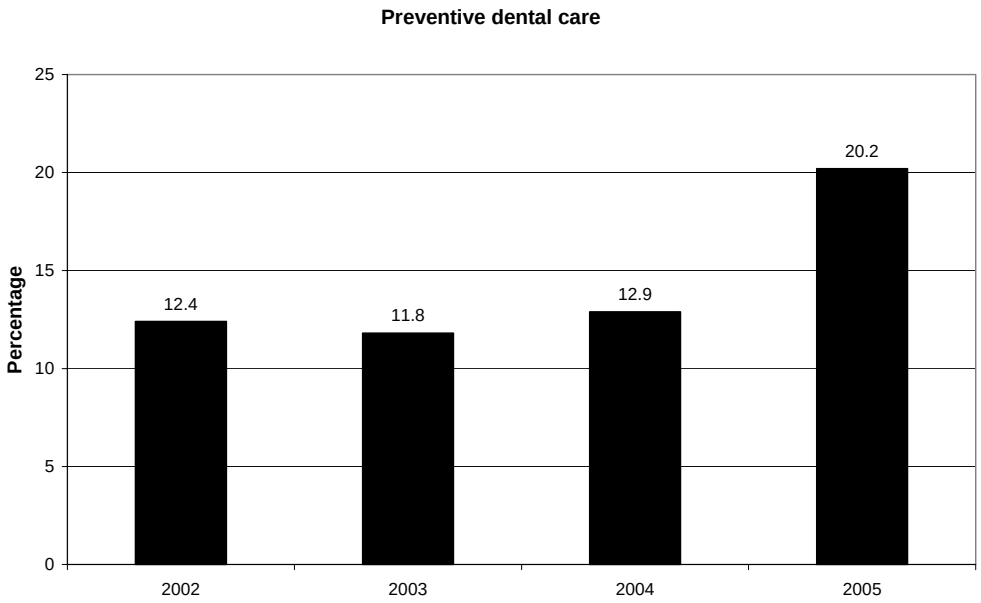
This measure tracks services for individuals eligible for Medicaid only.

Dental (preventive) services

Targeted performance improvement measure

Data points—

- The percentage of enrollees with at least one preventive dental care visit in the look-back period increased from 12.4 percent in 2002 to 20.2 percent in 2005.
- In 2005, three dental service codes were added to the measure and one was deleted.



Preventive dental services include initial and comprehensive dental examinations, prophylaxis, topical application of fluoride and application of sealants.

Dental care can prevent development of dental caries, tooth loss, oral infections, abscesses and other problems.

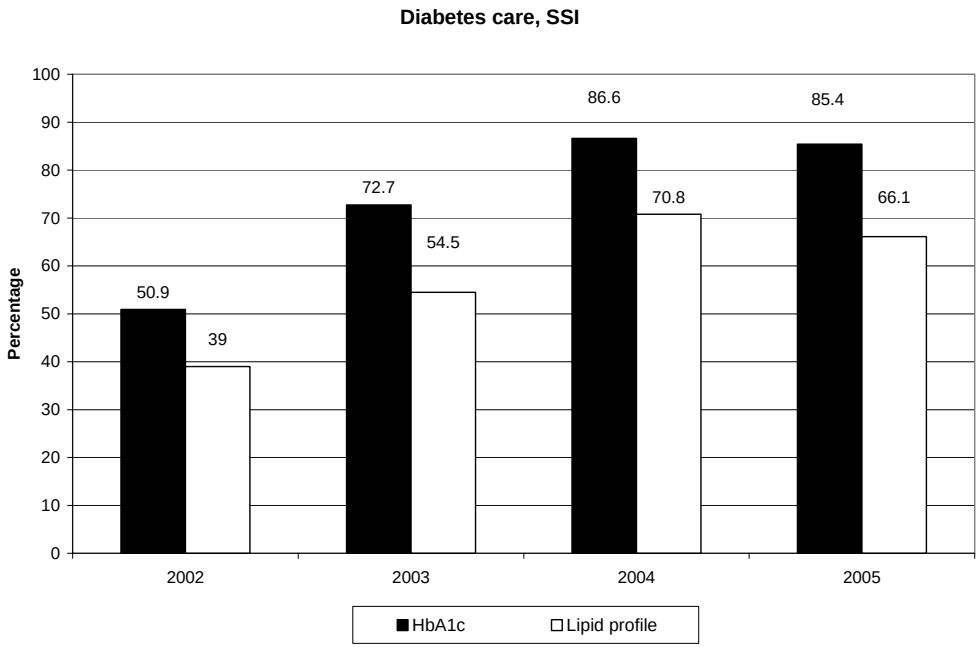
In 2003, the age cohort was lowered to 18 years from 21 and the 15-18 years of age cohort was dropped due to very small numbers of enrollees in that age group. Direct comparison should be made with caution due to the difference in the age cohorts.

Diabetes care

Targeted performance improvement measure

Data points—Improvement has occurred in the care of diabetes.

- The HbA1c test rate has increased from 50.9 percent in 2002 to 85.4 percent in 2005.
- The rate for lipid profiles has increased from 39 percent in 2002 to 66.1 percent in 2005.
- A slight decline occurred in each indicator from 2004 to 2005.



Diabetes mellitus is a chronic condition that can affect the heart, kidneys and eyes. With proper care, serious problems can be reduced or prevented. Individuals with disabilities are at higher risk for complications of diabetes.

Two blood tests are important for effective diabetes care. The hemoglobin A1c (HbA1c), is a blood test that indicates the level of blood sugar control over time. The lipid profile, is a blood test that monitors the levels of "fats" (lipids) in the blood stream.

In 2003, the measure age cohorts were changed from 15-20 and 21-75 years to 18-75 years. The youngest age cohort had too few enrollees in the denominator to show any values in 2002. Only the 21-75 year old age cohort is compared in this chart in the 2002 data. This measure tracks services for individuals eligible for Medicaid only.

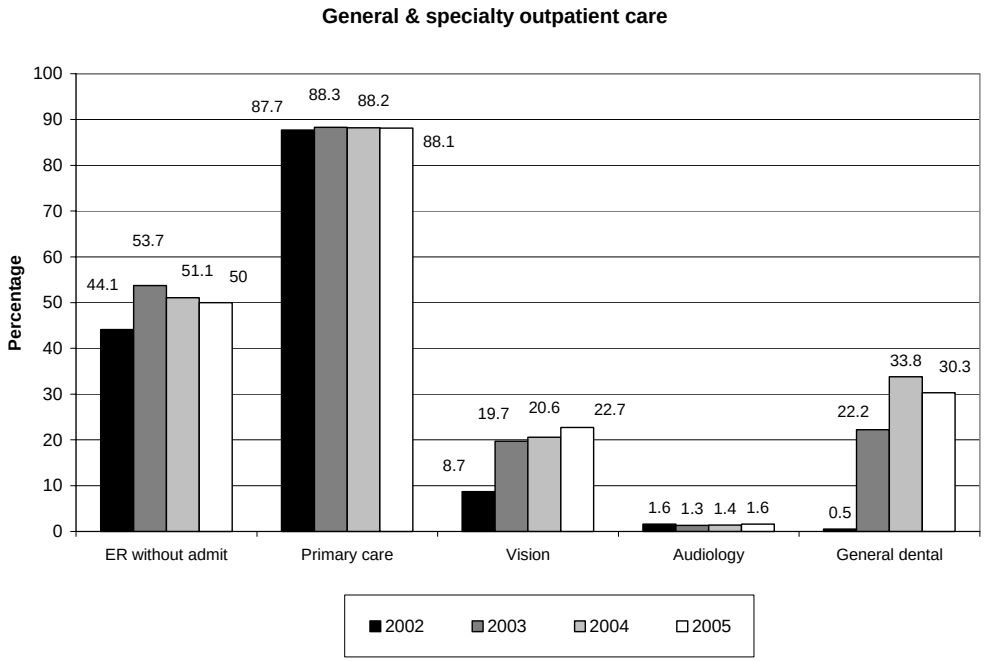
Diabetes care services have been included in the Care Analysis Project since 2001.

General and specialty care-outpatient

Monitoring measure

Data points—

- About half of eligible enrollees had at least one emergency room visit that did not result in admission to the hospital in 2005.
- Nearly nine out of ten enrollees had at least one primary care visit.
- Vision care use increased substantially since 2002.
- Audiology care use remained about the same.
- General dental care decreased slightly from 2004, but remained above 2002-2003 levels.



This measure assesses access to emergency care that does not result in subsequent hospitalization, access to primary care, vision care, audiology services and general dental care. Access to these outpatient or ambulatory care services is essential for overall health maintenance and improvement.

The measure tracks what percentage of *i*Care enrollees had access to those services on at least one occasion during the look-back period. The measure includes enrollees that are eligible for Medicaid only in the denominator.

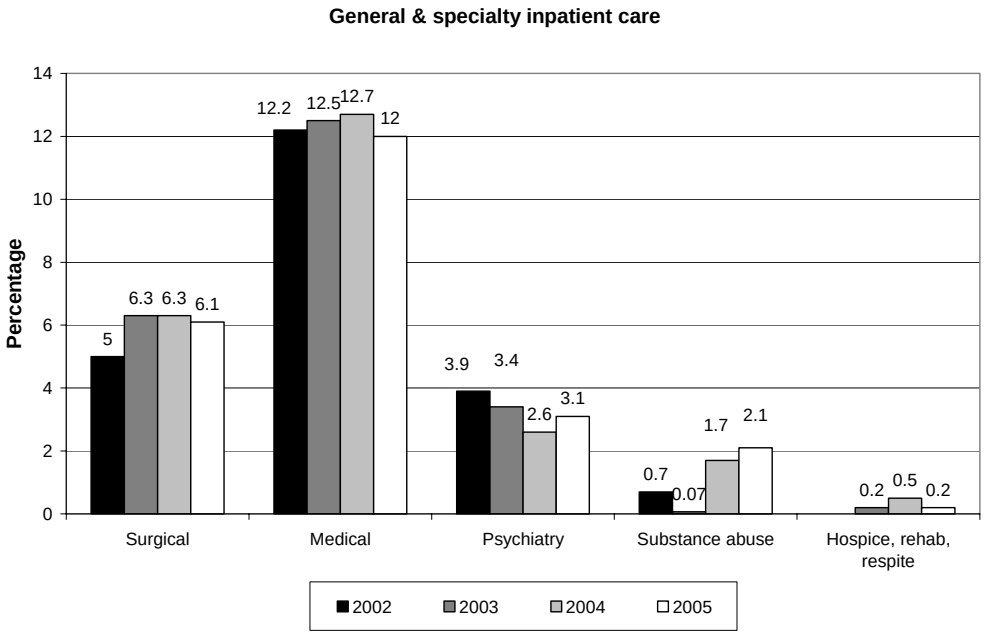
The age cohort for the 2003—2005 data includes enrollees 18 years of age and over; the 2002 data is for enrollees 21 years of age and over.

General and specialty care-inpatient

Monitoring measure

Data points—

- Inpatient surgical care use has trended up slightly from 2002 to 2005.
- Inpatient care utilization for medical conditions has remained about the same.
- Inpatient psychiatry trended down between 2002 and 2005.
- Inpatient care for substance abuse disorders has increased in the period.
- Rehabilitation/hospice and respite care utilization remains low.



Some conditions may require care or services that cannot be provided on an ambulatory or outpatient basis. Those conditions may require hospitalization, referred to as inpatient care.

Inpatient care may be necessary for many different conditions. For the purposes of the *i*Care performance monitoring program, five general categories of care are used: surgery, medical, psychiatric, substance abuse and hospice/rehabilitation/respite.

This monitoring measure is useful as a tool in assessing access and utilization of inpatient care services. By itself, this measure is not an all-inclusive indicator of sufficiency of access to services, or of appropriateness of care. However, when used in conjunction with other measure data, it provides a reasonable basis for assessment of overall service delivery. This measure reflects utilization by Medicaid-eligible enrollees only.

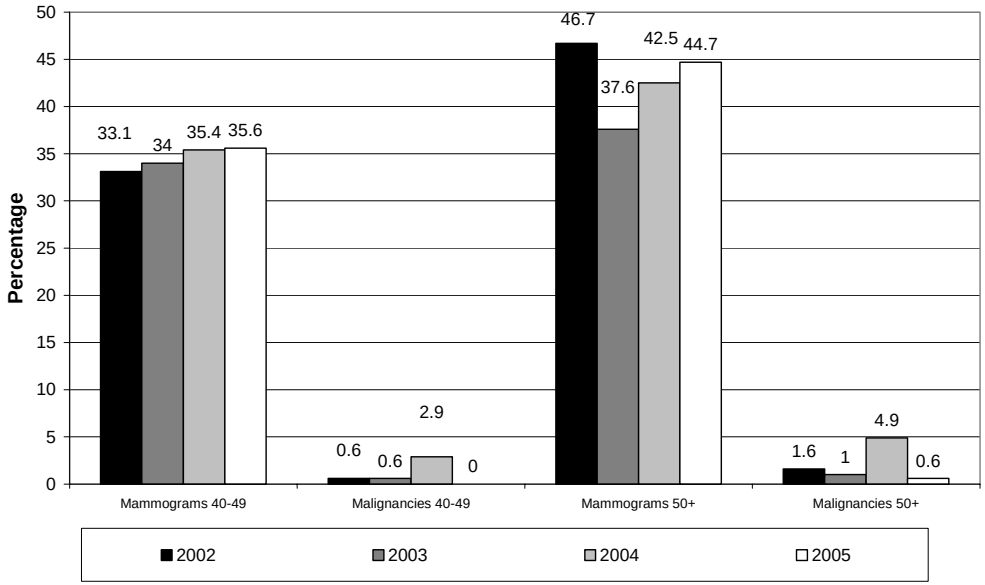
Mammography (screening) and malignancy detection

Monitoring measure

Data points—

- The screening mammography rate for women between the ages of 40 and 49 years has increased since 2002, from 33.1 to 35.6 percent in 2005.
- The rate for women age 50+ years has trended up since 2003, but remains below the four-year high of 46.7 percent in 2002.

Screening mammograms and malignancy detection rate, age 40-49 and 50+



The American Cancer Society and the National Cancer Institute each recommend that women over age 40 have regular screening mammograms.

Early detection of breast cancer dramatically improves outcomes of treatment and long-term survival. Mammography is recognized as a highly effective method for early detection of breast cancer.

The provision of screening mammography is important for women served in the *i*Care program because of the benefits of early detection and treatment.

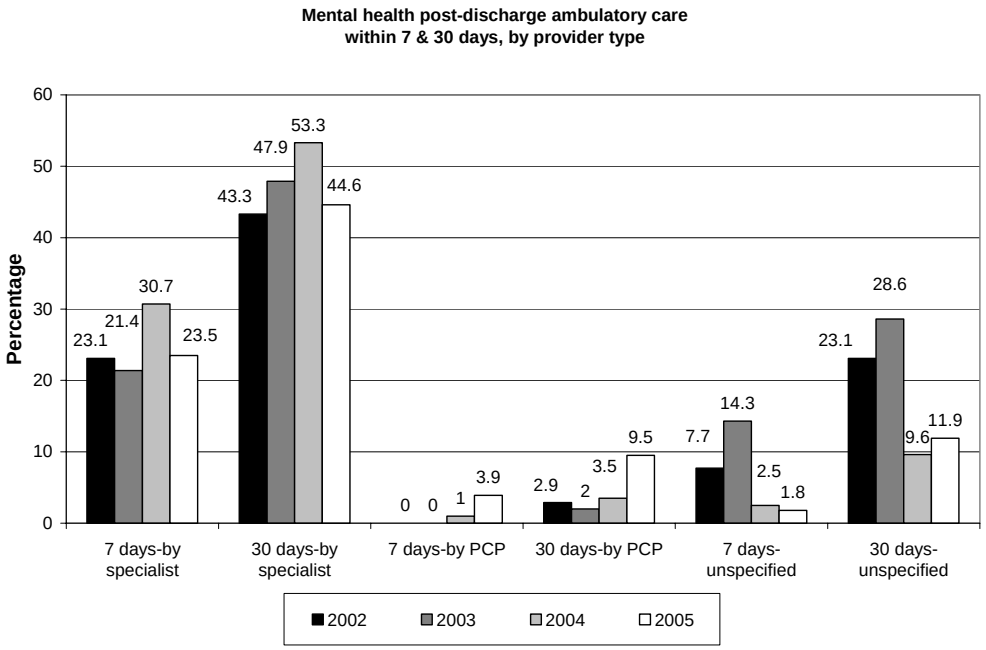
This measure tracks services for individual eligible for Medicaid only.

Mental health follow-up care within 7 and 30 days of inpatient discharge

Targeted Performance Improvement Measure

Data points—

- The rates for follow-up care by specialists within 7 and 30 days increased from 2002 to 2005, though a decline occurred for both from 2004 to 2005.
- Rates of follow-up care provided within 7 days and 30 days of discharge by primary care providers increased in the period, while follow-up by other or "unspecified" providers decreased.



Research[1] has shown that follow-up care on an outpatient basis for individuals who have had inpatient care for mental illness or substance abuse is effective in reducing readmission to the inpatient setting for the same diagnosis.

This measure evaluates provision of follow-up care by both specialty care providers and primary care providers within 7 days of discharge and within 30 days of discharge from inpatient treatment. Since appropriate service codes appear on encounter records, but at times the provider type is not specified, the measure set includes these encounters in the category of "unspecified" to prevent underreporting.

The chart displays the overall results for 2002 through 2005. The age cohort was changed in 2003 from 21+ to 18+. Also, the chart reflects follow-up care for mental health diagnoses only, since the denominator for substance abuse services was too small to report accurately.

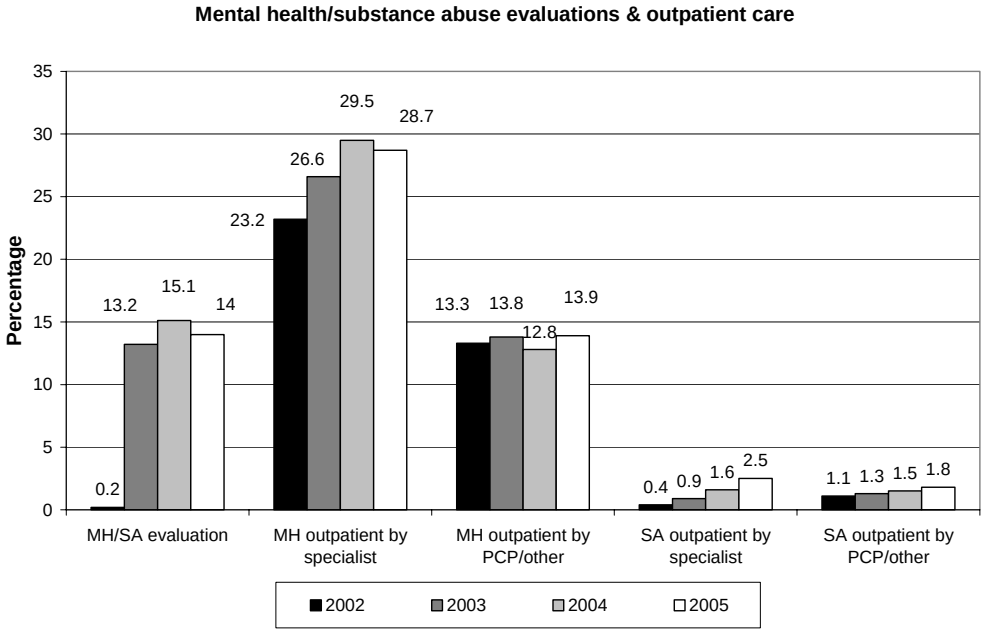
[1] *Evaluation and the Health Professions, Special Edition, State Medicaid Quality Programs*, "Outpatient Utilization Patterns and Quality Outcomes after First Acute Episode of Mental Health Hospitalization," Delmarva Foundation, December 2000.

Mental health / substance abuse-evaluations and outpatient care

Monitoring measure

Data points—

- The 2005 evaluation rate was 14 percent, up from 13.2 percent in 2003 but down from 15.1 percent in 2004.
- Outpatient mental health care by specialists remained above 2002 levels in 2005, but declined slightly from 2004.
- Outpatient substance abuse care by specialists and PCPs continued to trend up slightly.



Monitoring the rate of mental health and substance abuse (MH/SA)evaluation and treatment services is useful to detect access trends. Statewide data shows that psychiatric disorders are the second most prevalent affecting SSI program recipients, being diagnosed in 32 percent of the population. Substance abuse is the 12th most prevalent diagnosis in this population. In some instances, the two diagnoses occur together. Thus, access to mental health and substance abuse evaluation and care is very important.

Evaluations are tracked using all provider types and outpatient care is tracked by provider type, that is, specialists in mental health or substance abuse and primary care providers (PCP). Many mental health and substance abuse conditions can be successfully treated on a day treatment or outpatient basis. Often, people prefer such treatment to inpatient care.

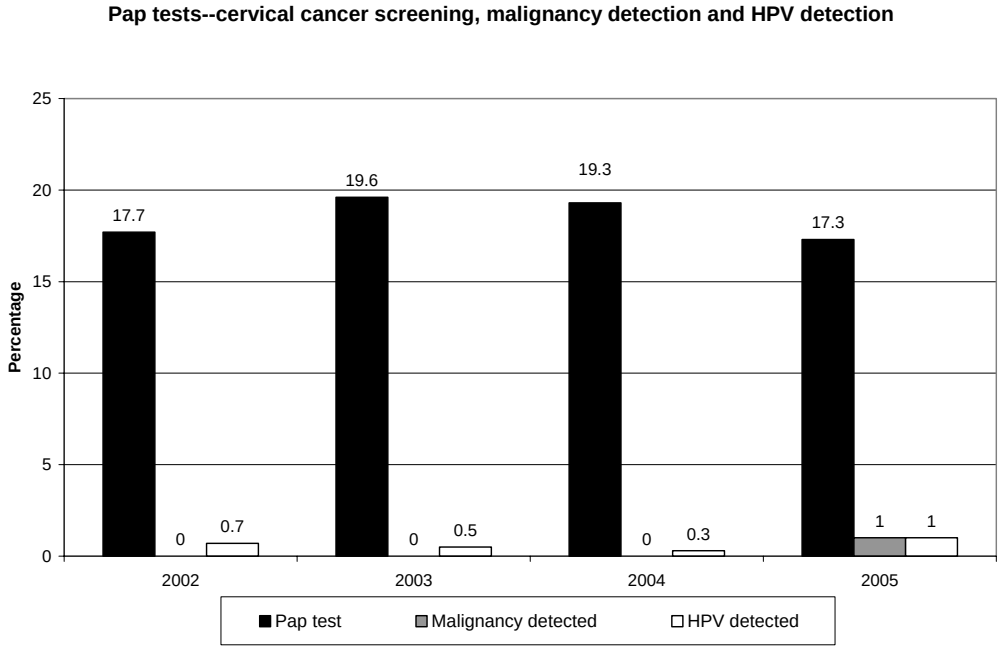
This measure tracks provision of evaluations and outpatient care to individuals eligible for Medicaid only.

Pap tests-cervical cancer screening

Monitoring measure

Data points—

- The screening rate has decreased slightly from 17.7 percent in 2002 to 17.3 percent in 2005.
- Malignancy detection and HPV detection rates have remained at or below 1 percent.



According to the Centers for Disease Control (CDC), cervical cancer remains a leading preventable cause of death among women. Early detection is relatively easy and is the key to a high probability of survival. The most common method for early detection is called the "Pap test."

The Pap test is generally performed every three years, beginning when the woman becomes sexually active or by age 18 years. Thus, the Pap test is not required annually, and the measure is designed to take this into account.

Human Papillomavirus (HPV) infection is believed to be a causal factor in many cases of cervical cancer. According to the Centers for Disease Control and Prevention (CDC), more than 90 percent of cervical cancers are caused by HPV infections. This measure assesses the detection rate for HPV infection.

This measure tracks services for individual eligible for Medicaid only.